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App. F. IX-4

Previous References

1934.31
(Samp.)

File No. 618-3c

Serial Nos. 1+2

Later References

General and Revenue Secretariat.

Serial Nos. 2

Part B for March 1931

SUBJECT.

Re: Certain suggestions in the matter of establishing Labour Health units throughout the State.

2.

No. G. 9726 M. 19/3/31.

To

Dr. W. C. Sweet.

Consultant in Health

State that in the present financial conditions it is not possible to undertake these Commitments.

20/3

GOVERNMENT OF MYSORE

DEPARTMENT OF HEALTH

V. KARVE, M.B., Ch.B., D.P.H.,
Director of Health.

W. C. SWEET, B.Sc., M.D., C.M.
Rockefeller Foundation Consultant in Health.

Telephone No. 340
Telegram: HEALTH

GENERAL BRANCH 5686 9 MAR 1931 DEPT. 5000 P.C. MAR. 1931

No 1361

Encl.

OFFICE OF THE THIRD MEMBER OF COUNCIL 9 MAR 1931 5040

"GRACE VILLE," PALACE

Bangalore, (S. India), dated March 7. *1931*

Sec 68-30-1

Dear Sir,

In our conversation with the Dewan yesterday,* some mention was made of the possibility of further co-operation in health work between the Government of Mysore and the Rockefeller Foundation. When I saw Dr. Heiser in the United States in September, I talked over this possibility with him and suggested that, under such conditions as now exist in Mysore, probably the most fruitful advance that could be made would be in the line of establishing, as early as possible, taluk health units throughout the State. With the formation of the Bureau of Sanitary Engineering and the advance of the Department of Health in other directions there seems to me to be no question but that the taluk health units are the most important next step. In view of the financial situation of the Government of Mysore, I suggested to Dr. Heiser the possibility of the Foundation co-operating with Government over a period of five years for the establishment of taluk health units in approximately two districts. My suggestion to Dr. Heiser was along the following line:

Source of Funds.	1st. year	2nd. year	3rd. year	4th year	5th year
Govt. of Mysore.	10,000	32,000	86,000	176,000	282,000
Rockefeller Foundation. ..	22,000	32,000	42,000	32,000	22,000
Total ..	32,000	64,000	128,000	208,000	304,000
Total Number of Units. ..	2	4	8	13	19

If the Foundation accepted such a proposal they would expect Government to give a definite undertaking to furnish the sums mentioned and to continue the work yearly thereafter, not only the maintenance of the units established but also the opening of new units until the whole State was covered.

The basis of these suggestions is the Memorandum on Health Organization in Mysore State submitted to Government by me some time ago. According to that Memorandum the contributions from Government would be from three sources, 31.25% from Panchayets, a similar amount from District Boards and 37.5% from State Funds.

I hope that it will be possible for Government to consider these suggestions so that they might be discussed with Dr. Heiser during his approaching visit. These are purely suggestions. Dr. Heiser has regarded them favourably, but the Foundation is by no means committed to the expenditure as yet, so that the whole situation is subject to discussion and revision.

Yours sincerely,

W. C. Sweet,
Consultant in Health.

N. Madhava Rao, Esq., B.A., B.L.,
Chief Secretary
to the Government of Mysore,
Bangalore.

WCS:RB.

File No. [illegible] of 193 0

Serial No.	
	Sd/ with a draft Ltr wd 14/3/31 Issued 14/3
.2	2.
	Dr. W.C. Sweet G. 9726 of 19/3/31. States that in the present financial crisis it is not possible to undertake these commitments 2.
	Re Dr of the alta G 9727 of 19-3-31. Has copy of the above and requests examine the position to enable the dept to do the maximum amt of useful work the limited funds.

GENERAL 24/3/31 BRANCH

Appendix F (

SUBJECT....

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Section: San

File No. 68-30

Serial No. 2

No. G. 9726.

Diary No. of letter replied to 5686

General and Revenue Secretariat
( )
the 193

To Dr. W. C. Lucas

Date of issue 19/3/31

Signed by Mr. N. M. Rao.

making certain suggestions in the matter of establishing taluk health units throughout the State

List of enclosures.....

Copied by.....

Examined by.....

Dear Sir,

With reference to your letter no 1361 G.7.3.[illegible] I [illegible] the [illegible] between the Rockefeller Foundation & the [illegible] I propose in the matter of establishing [illegible] Health Units, I am desired to state [illegible] the present financial

~~Condition of it is not known~~
~~yet~~ but the Govt to undertake
their Commitments.

Yours sincerely

(Chiefly Coal)
Memo. G.9727/21/2

Copy of the above together
with a Copy of letter of 7.3.31
from Dr Leech refd. to above
as forwarded with Complete
Condition of Health with a
request that apart from the
chronic tuberculosis may be
examined so as to enable
the Department to do
the maximum amount of
Govt work within the limited
funds provided by Govt. A report of action proposed to be taken
in the matter may be sent to
post for information

By order

Asst Chiefly Coal

MEMORANDUM ON HEALTH ORGANIZATION IN MYSORE STATE.

MEMORANDUM ON HEALTH ORGANIZATION IN MYSORE STATE.

W. C. SWEET.

About a year ago a memorandum was submitted to Government in regard to a scheme for the formation of rural health units in half taluks, the provision of District Health Officers, and a Central Department of Health. The total cost of this scheme was in the neighbourhood of Rs. 30,00,000 of which it was proposed that District and Panchayet Funds should furnish 12 lakhs and the State 18 lakhs. Since that time the experience gained in the six months' existence of the experimental Rural Health Unit at Mandya and certain decisions of Government in regard to policy have made it seem wise to re-consider the whole situation and present a second memorandum.

In the report on the first survey of the State certain recommendations were made for the reorganization of the Central Department of health. Government has expressed its acceptance of these recommendations and an order putting them into force will issue shortly. No further consideration of this reorganization at this stage is necessary and no mention of the Department of Health will be necessary in this memorandum beyond a statement of its proposed budget.

Government has not accepted the idea of Health units for half taluk but in the expected reorganization order indicates its interest in the establishment of Taluk Units and request a memorandum on the possibility of their organization at the rate of six a year. This memorandum may be considered as an answer to that request.

This is not the place, nor do six months furnish sufficient information, to consider at any length the question of the work of rural health units. We may say, however, that the experimental unit gives every promise of fully justifying the establishment throughtout the State of such units and gives us some quite definite ideas as to the staff necessary to carry out the scheme. The work of such units may be divided into at least five parts. These are (1) the control of epidemic diseases; (2) the improvement of health by maternal and infant welfare work, school examinations, clinics and the like; (3) supervision over and improvement of the reporting of vital statistics; (4) the encouragement and supervision of works tending to improve health such as the provision of wells, latrines, drains, extensions etc.; (5) the education of the people in health mattters. All but the first of these aims will be a question of continuous efforts and cannot be expected to show their full value for many years to come. The control of epidemic diseases, on the contrary, is much more immediate and results can be very striking. The delay in demonstrable results in the other three aims of the work should not be allowed to discourage all effort since even a moderate degree of control of epidemic diseases would amply justify the existence and continuance of the whole effort. It is in this field that the experience of six months at Mandya has proven the decided success of the experiment.

Taluk Health Unit Staff.

In adopting Government's acceptance of the idea of one unit to a Taluk, it immediately becomes apparent that the present staff of the Mandya unit, which was organized on the basis of a half taluk, is too small and experience further shows that we did not emphasize sufficiently the importance of vaccination and maternal and infant welfare work. The Taluk units should consist of a Health Officer, a Sanitary Inspector and a Clerk for the Taluk and an Assistant Inspector, a Vaccinator and a Midwife for each hobli in the Taluk, with necessary peons.

It may be possible later, when a complete vaccination programme has been carried out in the State, to reduce the number or vaccinators but for some years they will be the most active members of the staff.

The Assistant Inspectors will be S. S. L. C. men, locally trained by field experience and teaching, such as are now used in the Mandya Unit and in the Stations for the Study of Malaria. They have proved to be satisfactory and will

give a cheap service which will be efficient when adequately supervised. They will also serve as a reservoir for the recruitment of candidates for school training as qualified Sanitary Inspectors. The suggested pay is Rs. 30—2—50. They will be required to maintain bicycles or ponies and will have a fixed allowance for the same.

The midwives should have regular training to which, as soon as possible, should be added training in maternal and infant welfare work. Midwives are chosen for these posts since there is already such a class in Government service and lady health visitors would be impossible to find in sufficient numbers. It is expected that they will do more maternal and infant welfare work than actual child birth supervision. They will form the basis of any maternal and infant welfare scheme for the State. In order to attract a higher class of applicants and to provide for the extra qualifications of health visiting, the pay suggested is Rs. 30—2—50, with a fixed allowance to cover travel to villages.

The Sanitary Inspector, until all the units are organized, should be a sub-Assistant Surgeon in training for a position as Taluk Health Officer. When the necessary number of Health Officers is obtained, a qualified Inspector should be used. If and when, it becomes possible to institute a complete maternal and infant welfare programme, a trained lady health visitor may be substituted for the Sanitary Inspector. She will work through the trained midwives of whom she will have control under the Health Officer. The suggested pay is Rs. 50—5/2—100 with a fixed allowance in accordance with present District practise.

The Taluk Health Officer should be a Sub-Assistant Surgeon with either field or school training in health unit work. The suggested pay is Rs. 75—5—150—10—200, with an allowance of Rs. 45 per month for maintenance of a motor cycle, or pony, according to local conditions. Experience gained at Mandya demonstrates that there is a marked decrease in efficiency in the Health Officer's work unless he is required to have a proper conveyance so that there is not such a disproportionate amount of time spent on the roads. If he is expected to hold, say, three infant clinics a week in various parts of the Taluk, without a proper conveyance, it means that he spends three whole days going to, returning from and holding three clinics. If he has to make tours of hoblis by bicycle and cart he is away from the center and inaccessible for too long a period at a time. He should be able to reach all boundaries of his area and return in half a day at the least. A further study of this question will be sent in later.

The expense of such a staff works out in round figures at Rs. 5,200 for the taluk officers and Rs. 1,800 per hobli in addition.

Taluk Health Units.

Taluk			Hobli		
Item	Average monthly pay	Annual	Item	Average monthly pay	Annual
	Rs.	Rs.		Rs.	Rs.
1 Health Officer ..	115		1 Assistant Inspector ...	40	
1 Sanitary Inspector ..	70		1 Vaccinator ..	30	
1 Clerk ...	35		1 Midwife ...	40	
4 Peons ...	48		1 Peon ...	12	
Allowances ..	80		Allowances ...	28	
	348	4,176		150	1,800
Contingencies, etc. ..	..	1,024			
Total ..	...	5,200	Total ...		1,800

As will be seen later the Taluk Units will consist on the average of six hoblis each, so the average yearly cost of each unit would be Rs. 16,000.

District Health Officer.

With the growth of this system of Taluk Health Units it will be necessary to have more direct supervision than can be exercised by a central department. Furthermore it will be necessary to have an officer to facilitate the collection and classification of all statistics districtwar. Also municipalities above a certain size will not be included in the Taluk Health Units and a District Officer will be necessary to supervise their health establishments and work. All this can be done by the appointment of District Health Officers, with adequate staff, as the formation of Taluk work justifies it. The District Health Officers should be of Assistant Surgeon grade with well established Indian or foreign health qualifications. Their suggested pay is Rs. 200-20-400. They should be assisted by two senior Sanitary Inspectors whose suggested pay is Rs. 50-5—2-100. With the inauguration of maternal and infant welfare work one of these inspectors' posts should be given to a District Lady Health Visitor who would be responsible, under the District Health Officer, for all such work in Municipalities and Taluk Health Units of the District. The office should have two vaccinators, four clerks and five peons. Including travelling allowances the cost of such a staff would be approximately Rs. 15,000 a year.

Municipalities.

All municipalities below 5,000 population will be included under the Taluk Health Units on the same basis as panchayets.

Municipalities with between 5,000 and 7,500 population will be included under the Taluk Health Units on the same basis as panchayets but in addition must employ an Assistant Sanitary Inspector who will be under the supervision of the Taluk Health Officer.

The Taluk Health Officer should be a member of all village panchayets and municipal councils, in municipalities of the sizes stated, and should be the official health officer of these bodies. He should be allowed to have the Assistant Sanitary Inspector attend ordinary panchayet meetings as his deputy but the voting membership should be his alone.

Due to the disproportionate amount of the time of the Taluk Health Officer and his staff which would be taken up by municipalities of over 7,500 population, such municipalities will be considered as outside the scheme of Taluk Health Units, nor would the Sanitary Board Area of the Kolar Gold Fields be included. They will be a special charge of the District Health Officer who will see that they maintain a health staff suitable to their incomes and will directly supervise their work. Municipalities of over 15,000 population should have Health Officers of their own of either Assistant or Sub-Assistant Surgeon grade, depending on their budgets.

Number of Taluk Units Required.

In considering the taluks and hoblis of the State it seemed best so to arrange them that no unit would have less than four nor more than nine hoblis. With this in mind the following list was drawn up:—

Mysore District.—Thirteen taluks with 80 hoblis.

Hunsur and Periapatna are combined into one Unit.
Seringapatam and French Rocks are combined.
Chamrajnagar and Yelandur are combined.

Chitaldrug District.—Six taluks with 40 hoblis.

Jagalur and Chitaldrug are combined into one unit.
Davangere and Harihar are combined.
Molkalmuru and Challakere are combined.

Tumkur District.—Eight taluks with 50 hoblis.

Tiptur and Turuvekere are combined into one unit.
Madhugiri and Koratagere are combined.

Bangalore District.—Nine taluks with 52 hoblis.

Channapatna and Closepet are combined into one unit.

Kolar District.—Ten taluks with 55 hoblis of which about two are in the Sanitary Board area leaving 53 hoblis, Bagepalli and Gudibanda are combined into one unit.

Hassan District.—Six taluks with 40 hoblis.

Hassan and Alur are combined into one unit.
Hole-Narsipur and Arkalgud are combined.

Shimoga District.—Seven taluks with 40 hoblis.

Shimoga and Kumsi are combined into one unit.
Honnali and Channagiri are combined.

Kadur District.—Five taluks with 35 hoblis.

Tarikere and Narasimharajapura are combined into one unit.
Koppa and Sringeri are combined.

This is a total for the State of 64 taluks with 381 hoblis, an averag. taluk unit of six hoblis. The cost of such an organization for the State on the basis of Rs. 5,200 per taluk plus Rs. 1,800—per hobli would be Rs. 10,18,600.

Sources of Funds for Taluk Units.

The expense of these units should be shared between the Village Panchayets, the District Board and the State Government since it is to large for any of these alone to pay and since it may be accepted as a guiding principle that local authorities should pay for as much of their helth work as they can. It is very difficult to arrive at any figure which the panchayets might be expected to contribute but after considerable discussion in consultation it seems probable that as a conservative estimate the panchayets should contribute 31·25 per cent, of the cost, the Districts 31·25 per cent, and the State 37·5 per cent. To the average unit of six hoblis, estimated to cost Rs. 16,000 per annum, the Panchayets of the taluk would be expected to contribute Rs. 5,000 the District Board Rs. 5,000 per Taluk and the State Rs. 6,000 per unit.

The total cost of the scheme for the State by Districts, using the list of taluks and hoblis given above would be as follows.

Total Cost of Taluk Units and Sources of the necessary Funds.

District	No. of Taluk Units	Total number of Hoblis	Total cost of Taluk Units per annum	Contribution from		
				All Village Panchayets of Districts	District Board	State
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Mysore ...	13	80	2,11,600	66,125	66,125	79,350
Chitaldrug ...	6	31	87,000	27,188	27,187	32,625
Tumkur ...	8	50	1,31,600	41,125	41,125	49,350
Bangaloro ...	9	52	1,40,400	43,875	43,875	52,650
Kolar ...	10	53	1,47,400	46,063	46,062	55,275
Hassan ...	6	40	1,03,200	32,250	32,250	38,700
Shimoga ...	7	40	1,08,400	33,875	33,875	40,650
Kadur ...	5	35	89,000	27,813	27,812	33,375
State ...	64	381	10,18,600	3,18,314	3,18,311	3,81,975

The statement has been made elsewhere that there will eventually be 9,064 village panchayets in the State, not including 2,618 minor hamlets. On the basis of 9,064 panchayets and a cost of Rs. 10,18,600 the average cost per panchayet would be about Rs. 35.

The cost of the Taluk units to District Boards varies with the number of taluks and hoblis in the District. A later section will consider more fully the amount expected from Districts and from the State.

Works Fund.

All of the preceding discussion has dealt with staff only with no consideration of necessary expenses for works. Such expenses would be along the line of (a) provision of sera and vaccines; (b) equipment for work; (c) provision or improvement of latrines, wells, drains, extensions, etc. There are three possible sources for such funds, either the panchayet (either by money or labour), the District Board or the State. As has been stated before, the policy should be that everything possible should be either carried out or paid for by the concerned local authority and the intention of the work should be to get as much actual labour as possible from the villagers themselves. There is a provision in the Panchayet Regulations for the levying of an additional tax which may be paid either in money or by labour not to exceed 18 days per year. If the existing funds of the panchayets do not allow expenditure for sanitary purposes, this additional levy should be imposed and resulting funds or labour used for the purposes mentioned above.

However, it is probable that even this will be insufficient and it is proposed that each District be required to budget an amount to be known as a Works Fund which will be used for grants, exclusively to panchayets, for health purposes only. If this budget item is not to be excessive in any year, it should be made cumulative. The item on the budget would be the same every year but unexpended balances would go to form a fund and not revert to general funds at the end of the financial year. If this is adopted quite moderate yearly grants would be sufficient to pay for necessary works under this scheme. Grants from this fund could be made by a Health Committee of the District Board of which the Deputy Commissioner should be Chairman and the District Health Officer be Executive Secretary. All works undertaken from such grants, no matter by whom they might be carried out, should be subject to the approval and supervision of the District Health Officer as far as specific plans and work are concerned.

Provided such funds are made cumulative for each District it seems probable that the amounts given in the following table will be sufficient. The table also gives the amount necessary for staff of the Taluk Health Units and the total required from each District. This total would be the entire amount required for all health staff and works, no further grants being necessary. The District Health Officer and his staff are not included under District expenditure as the State is to pay this amount. For comparison there are also given the total income, not including unexpended balances, for the year mentioned and the amount budgeted in that year for purposes which would come under the present scheme.

Total District Contributions.

(Provided Works Funds are made cumulative from year to year.)

District	Present Arrangements			Proposed Expenditure			Per cent of Income for year mentioned. Required by new Proposal.
	Year for which figures are given	Amounts on budget which would come under new scheme	Income (not including unexpended balances)	For Taluk Health Units	For Works Fund	Total	
		Rs.	Rs.	Rs.	Rs.	Rs.	
Mysore ..	1926-27	28,096	4,95,141	66,125	45,000	1,11,125	22·4
Chitaldrug ...	1927-28	14,405	2,60,446	27,187	30,000	57,187	21·8
Tumkur ..	,,	29,986	2,66,405	41,125	30,000	71,125	26·7
Bangalore ...	,,	55,813	2,97,017	43,875	35,000	78,875	26·6
Kolar ..	,,	21,790	3,67,942	46,062	35,000	81,062	22·0
Hassan ..	1928-29	41,821	3,96,278	32,250	40,000	72,250	18·2
Shimoga ...	1927-28	19,652	2,85,720	33,875	35,000	68,875	24·1
Kadur ..	,,	12,690	2,20,345	27,812	30,000	57,812	26·2
Total ...	...	2,24,253	25,89,294	3,18,311	2,80,000	5,98,311	23·1

H. O.

State Expenditure.

The State would pay (a) its proportion of the expense of the Taluk Health Unit staffs; (b) Rs. 15,000 for each District Health Officer and his staff, a total of eight Districts of Rs. 1,20,000; (c) for the central Department of Health organized along lines already approved; (d) extra funds for grants to Municipalities, Districts, etc., for any necessary extension of the work of the Department of Health, for special research or field problems, etc.

The cost to the State of the Taluk Health Units has already been mentioned as Rs. 3,81,975. To this should be added the Rs. 1,20,000 for the District Health Officers establishments, a total of Rs. 5,01,975. It seems possible that a total of Rs. 2,30,000 for the central Department of Health will be sufficient for all present recommendations as to organization and for some future growth, particularly as the budget will be relieved of certain expenditures as the District Works Funds come into operation. This amount does *not* include the amount which any sanitary engineering staff transferred from the Public Works Department would be expected to bring over with them from the Public Works Department to the Department of Health.

The total State expenditure required under the present proposals would be Rs. 7,32,000. It is probable that the eventual State expenditure should be close to Rs. 10,00,000 for health purposes. This leaves an amount of Rs. 2,68,000 available for the extra funds mentioned under (d) in the first paragraph of this section.

Rate of Establishment of present proposals.

The rate at which the Taluk Health Units should be established will be governed in the next two or three years by the availability of suitable men. This will also be true of the appointment of District Health Officers and Bureau Chiefs in the central Department of Health. There is one man now being trained to be a Taluk Health Officer, so in 1930-31 we may establish one new unit and continue the present experimental unit. In 1931-32 we would have two trained men available so could establish two new units, a total of four altogether. In 1932-33 there could be four new units, a total of eight. As five more units would complete the Mysore District it is recommended that this be done in 1933-34. Thereafter units for a whole District at a time could be established and this would probably be the wisest procedure. It is probably best that the Districts be taken in the following order and years:—Mysore District completed in 1933-34 with District Health Officer and staff to be appointed in 1932-33 and Works Fund to begin in 1930-31;

Chitaldrug District	Taluk Health Units, Works Fund and District Health Officer in	...	1934-35
Tumkur District	Do	...	1935-36
Bangalore District	Do	...	1936-37
Kolar District	Do	...	1937-38
Hassan District	Do	...	1938-39
Shimoga District	Do	...	1939-40
Kadur District	Do	...	1940-41

The table given as Appendix A gives the total cost of the present proposals to all contributing bodies. The cost of the Taluk Health Units given in this table was figured on the average size of six hoblis per taluk to cost Rs. 16,000 each. The years in which it is proposed that the various details of the plan begin to operate are also given. No mention is made of the proposed extra sum of approximately Rs. 2,66,000 which the State is expected to contribute to bring its eventual total up to 10 lakhs.

General Remarks.

It should be mentioned that the contributions from Panchayets and Districts for the Taluk Health Units should be paid into the State Treasury. This will probably, not be possible until towards the end of the financial year, so it will be necessary for the State to advance the money to run the units and recover from the Panchayet and District deposits in the usual course.

It is of interest that the total expenditure of Appendix "A" Rs. 16,54,000 is divided as follows :—

			Rs.		
Central Department of Health	...	..	2,30,000	14·0	per cent
District Health Offices	...	...	1,20,000	7·0	do
Taluk Health Units	..	...	10,24,000	62·0	do
Works Funds	...	..	2,80,000	17·0	do

This is 21 per cent for supervision and 79 per cent for rural health work, not including any municipalities over 7,500 population. The entire cost of the scheme is paid as follows. Twenty per cent by village panchayets, 36 per cent by district boards and 44 per cent by the State. It should undoubtedly be the policy of Government to increase the village panchayet percentage of contribution as rapidly as possible.

It is the purpose of the plans outlined here to undertake all health work in the State, and only health work. The plan will not work satisfactorily if other duties than those mentioned in this memorandum are placed on the health personnel. Experience in practically all countries has proven that health work cannot be done satisfactorily when an effort to economize is made by including other than health duties. This cannot be too strongly emphasized. On the other hand, it is always most economical to place all health work in one department. It is not a good policy to have separate staff and plans for various diseases or health problems. There is no reason why the organization here outlined should not deal with all such health campaigns as those concerned with malaria, hookworm, infant and maternal welfare, tuberculosis, venereal diseases, school medical examinations, and others which might be mentioned.

During the growth of the proposed organization the character of men employed will be of the utmost importance. To avoid much delay and to give more chance for the men directly concerned to exercise the necessary judgment, it is proposed that the Department of Health be given authority to advertise its own posts, receive applications, interview applicants and make appointments subject to the announced Government policies in this matter. It will also be important that men obviously unsuited to health work should be removed as soon as possible, so it is also suggested that the Department be given authority to deal rapidly with such situations. If necessary, a committee could be appointed to do this. Such a committee might consists of the Director of Health, the Senior Surgeon and the consultant in Health.

APPENDIX "A."

Total Cost of Present Proposals to the Various Contributing Bodies.
(The Taluk Health Unit cost is figured on six hoblis per taluk, the average size of a Unit, to cost Rs. 16,000.)

Year	Number of Taluk Health Units		Village Panchayet contribution to Taluk Health Units	District Contributions			State Contributions			
	New	Total		Taluk Health Units	Works Fund	Total	Taluk Health Units	District Health Offices	Central Dept. of Health	Total
1930-31	1	2	10,000	10,000 Mysore.	35,000 Mysore.	45,000 Mysore.	12,000	...	1,38,000	2,00,000
1931-32	2	4	20,000	20,000 Mysore.	35,000 Mysore.	55,000 Mysore.	24,000	...	1,94,000	2,18,000
1932-33	4	8	40,000	40,000 Mysore.	35,000 Mysore.	75,000 Mysore.	48,000	15,000	2,00,000	2,63,000
1933-34	5	13	65,000	65,000 Mysore.	45,000 Mysore.	1,10,000 Mysore.	78,000	15,000	2,07,000	3,00,000
1934-35	6	19	95,000	As above and 30,000 Chitaldrug.	As above and 30,000 Chitaldrug.	As above and 60,000 Chitaldrug.	1,14,000	30,000	2,15,000	3,59,000
1935-36	8	27	1,35,000	95,000 and 40,000 Tumkur.	75,000 and 30,000 Tumkur.	1,70,000 and 70,000 Tumkur.	1,62,000	45,000	2,36,000	4,37,000
1936-37	9	36	1,80,000	1,35,000 and 45,000 Bangalore.	1,05,000 and 35,000 Bangalore.	2,40,000 and 80,000 Bangalore.	2,16,000	60,000	2,30,000	5,06,000
1937-38	10	46	2,30,000	1,80,000 and 50,000 Kolar.	1,40,000 and 35,000 Kolar.	3,20,000 and 85,000 Kolar.	2,76,000	75,000	2,30,000	5,81,000
1938-39	6	52	2,60,000	2,30,000 and 30,000 Hassan.	1,75,000 and 40,000 Hassan.	4,05,000 and 70,000 Hassan.	3,12,000	90,000	2,30,000	6,32,000
1939-40	7	59	2,95,000	2,60,000 and 35,000 Shimoga.	2,15,000 and 35,000 Shimoga.	4,75,000 and 70,000 Shimoga.	3,54,000	1,05,000	2,30,000	6,89,000
1940-41	5	64	3,20,000	2,95,000 and 25,000 Kadur.	2,50,000 and 30,000 Kadur.	5,45,000 and 55,000 Kadur.	3,84,000	1,20,000	2,30,000	7,34,000
Thereafter	..	64	3,20,000	3,20,000	2,80,000	6,00,000	3,84,000	1,20,000	2,30,000	7,34,000

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